

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

63-027759

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 098 Primary Registration District No. 5366 Registrar's No. 70

FILED JUL 17 1963

1. PLACE OF DEATH a. COUNTY Daviess		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Daviess	
b. CITY (If outside corporate limits, give TOWNSHIP only) Marion Twp.		c. CITY OR TOWN Pattonsburg.	
c. FULL NAME OF (If NOT in Hospital, give location) Rural Pattonsburg, Mo		d. STREET ADDRESS (If outside, give location) Marion Twp	
3. NAME OF DECEASED (Type or print) Milton Agusta Donner		4. DATE OF DEATH July 4 1963	
5. SEX Male	6. COLOR OR RACE White	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 4-17-1864
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer		10b. KIND OF BUSINESS OR INDUSTRY Farming	
11a. BIRTHPLACE (City and state or country) Pennsylvania		11b. CITIZEN OF WHAT COUNTRY USA	
13a. FATHER'S NAME Jacob Donner		13b. MOTHER'S MAIDEN NAME Margaret Ohle	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		17. INFORMANT Clark Donner, Pattonsburg, Mo.	
18. CAUSE OF DEATH (Enter only one cause per line) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Cardio-Respiratory Failure DUE TO (b) Congestive Heart Failure DUE TO (c) Arteriosclerosis PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)		INTERVAL BETWEEN ONSET AND DEATH immed. 6 months. unknown	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)		20c. TIME OF INJURY Hour <input type="checkbox"/> a.m. <input type="checkbox"/> p.m. Month, Day, Year	
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
20f. CITY, TOWN, OR LOCATION		COUNTY	
20g. STATE			
21. I attended the deceased from Feb. 16, 1963 to July 4, 1963 and last saw him alive on June 29, 1963 Death occurred at 4:20 a.m. on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) J. Larry Howell M.D.		22b. ADDRESS Pattonsburg, Missouri	
22c. DATE SIGNED 7-6-63			
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE 7-7-63	
23c. NAME OF CEMETERY OR CREMATORY Civil Bend		23d. LOCATION (City, town, or county) (State) Pattonsburg, Mo.	
24. FUNERAL DIRECTOR Pattonsburg, Mo.		25. DATE RECD. BY LOCAL REG. July 6, 1963	
26. REGISTRAR'S SIGNATURE W. Englehart			

USE BLACK INK
OR
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

(Licensed Embalmer's Statement on Reverse Side) TAKEN TO DR. 7-5-63

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Howard A. Johnson

Licensed Embalmer No. 5075

P. O. Address Pattington, MO

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.

Permit Recd 7-10-63 (WE)